A STRANGER TO DESIRE

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ABSTRACT

Founded in infancy but continuing throughout adult life, subsymbolic body patterns form a crucial, unconscious element in the infrastructure of our intimate and erotic lives. Viewing the psychoanalytic relationship, at its foundation, as a *somatic dyad*, this essay explores the life of the body as well as that of the mind in a psychoanalytic exploration. Drawing from the clinical literature of body-centered psychotherapy and the work of Wilhelm Reich, this article presents a detailed case discussion to illustrate the use of body-centered interventions within a psychoanalytically informed psychotherapy.

A STRANGER TO DESIRE:

Entering the Erotic Field

What the patient brings into the field of therapy is a body haunted by an absent other, a body whose gestures find no witness, no reciprocal, for their appeal. Addressed to the therapist, these gestures hold in presence an absence which yearns for some lost other, …an absence which galvanizes a field between patient and therapist, establishing a magnetic tension between them, a field in which each infects the other with desire and longing, impregnates the other with hope and with fear. (Romanyshyn, 1998, p.52)

Elizabeth and I lay on our backs, side by side on the carpet of my office. We were in close proximity to each other, but our bodies did not quite touch. I asked Elizabeth to notice any impulses within her body in relation to mine and, if she wished, to explore any of those impulses through movement between her body and mine. This therapeutic invitation proved to be a complex, disturbing and nearly impossible process of exploration.

Elizabeth's therapy did not start on my office floor. We began our work together seated in chairs talking to each other about the ways in which Elizabeth felt immobilized in her life. Successful in her career with a wide circle of friends and warm relationships with her family, Elizabeth lived alone, never having been able to sustain an intimate relationship, never having had a sexual relationship.

She had been in psychotherapy before and had found much of it very useful. Many things in her life had changed in response to these therapies, but she was not able to establish an intimate, sexual relationship with anyone. While it was clear that something had gone

quite terribly wrong in her emotional, interpersonal, and sexual development, it did not seem to be the result of some form of intrusive trauma. Elizabeth and her therapist agreed that "talk" therapy was not getting her the rest of the way she needed to go. Her therapist suggested that she work with a body-centered psychotherapist and referred her to me.

As we began to work, Elizabeth said, "I don't know what to *do*. I don't know what to *do with my body*. I can't tell if I'm attracted to someone. I just don't know how people know these things. It's like everybody knows something that I don't know, like I was looking the wrong way one day when they taught it in school." "I don't know what to do with my body," became the central refrain in our work. Recognizing that we had entered the domain in which her previous therapy had become frozen, we decided to explore more directly her experience of her body's not knowing what to *do* with itself.

With this decision, Elizabeth and I moved into the domain of therapeutic activity that is unique to body-centered psychotherapy. The *movement* of the client's body, of the therapist's body, and movement between client and therapist become a central feature of the therapeutic endeavor. Body psychotherapy brings to conventional psychotherapy an informed and skilled attention to the activity, motility, sensorimotoric coherence, and bodily competence of the client.

I write here as a psychoanalytically informed body-centered psychotherapist, and as such, extend the therapeutic repertoire of analytic and cognitive interventions with direct intervention in the client's bodily activity. Body level interventions are intended to facilitate new sensate, motoric and expressive experiences within the therapeutic dyad. In contemporary relational and intersubjectivist

models of psychoanalysis, the client is granted increasing access to the mental and affective states of the therapist. As a body psychotherapist, deeply influenced by psychoanalytic and relational models of psychotherapy, I want to offer my clients a *somatic dyad* rather akin to Winnicott's concept of the psychosomatic partnership between mother and infant. The body-centered psychotherapist is one with whom a client can literally move, as well as think, feel, fantasize, and speak. Explorations of bodily sensation and movement may be made with client and therapist seated in chairs, on the couch, on a mat on the floor, or on the floor itself. Depending upon the nature of the movements to be explored, client and therapist may be seated, standing or prone. These explorations may or may not involve direct physical contact.

Shaping One's Body to Another: Exploring Somatic Dyad

In her discussions of the relevance of subsymbolic processes in psychoanalytic discourse, Bucci (1997) stresses:

> Normal emotional development depends on the integration of somatic, sensory, and motoric processes in the emotional schemas…. These sensory experiences occur in consonance with somatic and visceral experience of pleasure and pain, as well as organized motor activities involving the mouth, hands, and whole body—kicking, crying, sucking, rooting, and shaping one's body to another's. (pp.160-161)

Elizabeth was intelligent, accomplished, and athletically skilled. But her body knew little of shaping itself to another's, of shaping another's to hers, of being a source of delight to another's body.

Downing (1996) stresses the importance of the infant's development of affect-motor schemas and affect-motor beliefs that are an elaboration and integration of the infant's sensorimotor development

within the relational and affective patterns with the caregivers. These patterns are not encoded in language but in literal affective and motoric experiences, that is, the sensorimotor infrastructure. Downing conceptualizes these affect-motor schemas as forming pre-linguistic, sensorimotor belief systems for bodily connectedness, differentiation and agency. He hypothesizes "that certain physical parent-infant bodily interactions…leave a trace.…that this trace can be understood as a shaping, an influencing, of the infant's motor representational world.…that the vestige of these early motor beliefs will later affect adult behavior and awareness." (p.150 [quotes taken from unpublished English language manuscript of a German language book]). He stresses the importance of the parent-infant relationship fostering for the infant a sense of embodied agency, that "the infant's ability to impinge upon the other must equally be unfolded" (p.169) and that the infant "must build up a motoric representation of the other as engagable, and of himself as able to engage" (p.169).

Seen from a developmental perspective, the frequent inattention in clinical theory to sensorimotor processes is a curious, and I would suggest costly, oversight. The research model of "dynamic motor theory" (Fischer & Hogna, 1989; Thelan and Smith, 1996) includes careful and systematic attention to body movement and sensori-motor organization as crucial underpinnings of cognitive and emotional development. Thelen and Fogel (1989), for example, emphasize:

> Developmentalists, like other psychologists, have been concerned primarily with the formation of the complex symbolic and affective processes of the "life of the mind" and have paid less attention to the translation of ideas into movement—a "life of the limbs." Infants, however, are born with much movement and few ideas and, for the

> first year or so, lack symbolic and verbal mediating mechanisms between their mental state and the expressions of their bodies and limbs. At this stage of the life cycle, then, the link between the developing mind and the developing limbs may be especially direct. (p. 23)

The "life of the limbs" is a kind of metaphoric phrase that captures of the sense of the sensorimotoric exploration and organization which precedes and underscores the life of the mind, an understanding perhaps best represented in the relational psychoanalytic literature by Knoblauch (2000) and LeBarre (2001). This is not to privilege body over mind, to valorize a headless/mindless body, or to suggest that body activity replace speech in psychotherapy and psychoanalysis. It is, however, to address and begin to correct a long-standing bias in psychoanalytic theory. McLaughlin (1992) argued that the familiar psychoanalytic "emphasis on the regressive and primitive significance of the non-verbal components of human communication, traditionally viewed as synonymous with primary process, has only slowly been challenged by a developmental viewpoint that would ascribe to primary process modes a continuing importance for all aspects of human behavior throughout life" (p.154). For McLaughlin:

> Action and gesture were there from the beginnings of our internal psychic life, central to its unfolding and affective enrichment. We learned to trust this level of speaking and knowing more deeply than the words that came later, and few have put aside our awareness of what gestures and body language had to tell us. In the repetition and familiarity that mark the analytic work These nonverbal contributions become recognizable, deepening the experiential and affective dimensions of the

> analytic exchange for both, not just as a remnant of the developmental past, but as an essential, continuing enrichment of the full range of subtlety and nuance of our words that carry the analytic dialogue. (p.155)

Nonverbal expression, once (and still too often is) understood and related to as primitive and regressive, is increasily understood as manifestations of procedural or implicit knowing (Beebe, et.al, 2003; Lyons-Ruth, 1998, 1999; Tronick, 1998).

Beebe and her colleagues (Beebe, et.al., 2003) have recently noted that "there is very little in the literature on *how* implicit relational porcedures become reworked or increasingly articulated and complex in adult treatment" (p.751). This article is a contribution to the analytic literature as an exposition of the direct reworking at a body level of fundamental (implicit) relational and erotic patterns.

The Place of the Body in Contemporary Psychoanalysis

While there is to date no systematic conceptualization of the place of the body in the psychoanalytic process, the body is showing up everywhere in contemporary analytic writings. Harris (1998) argues that "relationists need to retrieve the body from classical theory" (p.39), commenting that "a *relational* [italics in the original] body may be a rather different creature from the body of classical theory, more inevitably interpersonal and fluid, less reified and static, but no less sexual" (pp.39-40). Contemporary analytic theorists, shifting away from the classical analytic emphases on interpretation, insight, derepression and adaptation, have come to place increasing emphasis on the creative, vitalizing and erotic aspects of psychoanalysis (Green, 1996, 1997, 2000; Bollas, 2000; McDougall, 1991, 1995; Eigen, 1996; Ogden, 1995; Dimen, 1998, 1999, 2003; Stein, 1998). Dimen (1998) reflects this tone as she writes, "The body is not only excessive, it

is also deep. The fathoms of the unconscious are 'written on the body'…. The body is, in this sense, almost paradigmatic for psychoanalysis. Body matters are so weighty, so deeply important, they often cannot be spoken. Untellable, they can only be shown…" (p.66). Direct intervention with the body allows both therapist and client to show and be shown as well as to tell and be told.

As the understanding of the very nature, the essence, of psychoanalysis is changing through relational and intersubjectivist models, the analyst/therapist is brought into an inevitable and sometimes rather uncomfortable awareness of his or her own bodily states, no longer seen primarily as regressive or fused states but as sources of vital information (Bollas, 1987,1989; Maroda, 1991, 1999; Ogden, 1994, 1995; Knoblauch, 1996, 1997; Aron, 1998; Anderson, 1998; Harris, 1998; Balamuth, 1998; Impert, 1999). Summarizing the confluence of relational theorists, Harris observes:

> In different ways, they all propose that the analytic instrument must have very deep and primitive processing abilities. Analysts must have access to and be comfortable with their subjective affect states and bodily reactivity if they are to experience and metabolize their patient's communications. (1998; p. 40)

It has become increasingly common in contemporary psychoanalytic theories for the analyst's own bodily reactions and sensations to be understood as a consequence of a projective process on the part of the client, putting out of one's own body, into the analyst's body, what the patient cannot tolerate. It is the task of the analyst's body at these moments to contain, carry, metabolize and/or give meaning to what has been cast out of the patient's body and psyche and into that of the therapist. Body-centered theorists often use the concept of somatic

resonance in contrast to that of projective identification, underscoring the experience of therapeutic identification and somatic re-sourcing through the therapist's bodily experience to more fully inform the therapist's own process within the evolving somatic dyad.

As a body-centered psychotherapist, I seek to provide a space within which one can *act* as well as *think*, to experiment with movement, aggression, tenderness, and physical contact. I want clients to have the opportunity to affect and be affected by the actual body of another, a body different from their own; in session that body is mine. As a psychotherapist I want my clients to have the ongoing experience of two different minds engaged in a project of mutual interest. As a body therapist, I extend the frame to offer the possibility of two bodies exploring new terrain and possibilities.

Evolution of Contemporary Body-Centered Psychotherapy

Most of the approaches used today in the body-centered therapies grew out of traditions that had their beginnings in earliest psychoanalytic theory and practice, and in the often intense disagreements that emerged among practitioners at the start of the twentieth century. Although the overall field of psychoanalytically oriented psychotherapy eventually became based in what came to be called the talking cures, attention to the body's considerable difficulties and opportunities formed a key part of early psychoanalytic conceptions of human functioning. But the task of attending to such a broad scope of relevant human experience—language, culture, sexuality, history, affect, relationships, movement, and cognition—apparently proved too overwhelming to the nascent field of psychoanalysis. From the start, the profession began to splinter along divergent lines of emphasis.

Though Freud attempted for various reasons to control tightly the interpretation and application of his psychoanalytic framework as it grew into a movement, other individuals in his circle were, from the start, already beginning to think differently about how best to approach analytic practices.

Perhaps the two most prominent and ultimately most reviled apostates were Sandor Ferenczi and Wilhelm Reich. Both Reich and Ferenczi were initially members of Freud's inner analytic circle. Both were considered brilliant in terms of their earlier contributions to theory and practice. But each challenged Freud on a number of key issues that were so emotionally charged that both Reich's and Ferenczi's names ultimately came to be associated with unacceptable, repellant practices. The stain of their disrepute extended even to their students and analysands, and most definitively to their schools of thought. For a long time, their ideas were effectively un-discussable in the mainstream psychoanalytic literature.

These early animosities unfortunately established cultures of prejudice within dogmatic factions on all sides of the debates, and we are still contending with those biases and fears today. But there are now significant signs of greater openness among theorists today. Ferenczi's clinical thinking and openness is now undergoing a major renaissance and re-consideration (Aron & Harris, 1993; Rachman,1997). I would suggest that a similar revival of interest and reformulation of his clinical experimentation needs to be undertaken with Reich's work.

The particulars of Reich's complex life and career have been covered in several excellent biographies and critical studies (Rycroft, 1972; Boadella, 1974; Raditsa, 1978; Sharaf, 1983; Corrington, 2003), available for those interested in a more in-depth look at the life of one of the more generative and troubled figures in psychotherapeutic

history. What is relevant here, in particular, is the manner in which Reich chose to work and the explicit and implicit relational stance he adopted in regard to his patients and students.

Crucial to Reich's evolution, and central to the work of body psychotherapists, was what he came to call "the breakthrough into the vegetative realm" (1961; pp.234 ff), vegetative then referring to the autonomic nervous system, a realm of psychic organization which would now be framed in the language of implicit or subsymbolic experience. With this theoretical breakthrough, Reich began to create a new psychotherapy, one grounded in precognitive neural and somatic processes, leaving forever his identification as a psychoanalyst. He opened a new realm of understanding and technique to the therapeutic process centered in careful attention to shifts in bodily aliveness and movement within the therapeutic hour:

> …We learn much about this phenomenon [of inner emptiness and deadening] if we make the patient relive the transition from the alive to the dead condition as vividly as possible, and if we pay the closest attention to the swings from one condition to the other during treatment. If one does so, one observes very peculiar reactions. One patient, for example, experienced the transition by having to repeat mechanically, "it's no good, it's no good at all," etc. The meaning of this was, "It is no good to try, to make sacrifices, to try to get love, because I'm not being understood anyhow. Small children have the most tragic experience: Not being able to express their wishes and needs in words, they appeal to the adult in some form for understanding; the adults, as they are, are quite unable to feel what

> is going on in the child; the child tries and tries to make himself understood in vain; finally it gives up the struggle and resigns: "It's no good." The transition from full living experiencing to inner deadness is usually caused by severe disappointments in love. (1949, pp. 325-326)

Here Reich describes the evolution of his character analytic techniques to those that increasingly involve direct intervention with the body. One can see in Reich's work at this point a foreshadowing of both object relations theory and self psychology, a sense of the relational roots of character formation and psychopathology. Reich describes the delicate and careful attending *in the present moment within the therapeutic hour* to the shifts between aliveness and deadness, motility and defense. There is a particular poignancy to this essay of Reich's, one of his most passionate: he spoke of "disappointments in love," of heartbreak, in a paper delivered to the International Psychoanalytic Congress in Lucerne, Switzerland, in 1934, the congress at which he was expelled from the International Psychoanalytic Association, a personal and professional heartbreak from which he never truly recovered.

Reich understood his patients as being afraid of their own impulses, aggression and vitality. He did not seem to grasp the intense fear of the *absence of the other* during periods of extreme emotional disorganization and vulnerability. Emotional availability, empathy, quiet waiting, tenderness, and bodily accompaniment -- experiences so needed from the other as part of finding re-organization in the midst of disorganization -- were rarely a part of Reich's own character or his therapeutic repertoire but have become central feature of contemporary models of body-centered psychotherapies.

Character, Gesture and Communication

When I was a young clinician, Reich's descriptions of character and muscular armor as the unconscious mechanisms of defense helped me begin to understand why and how it was so difficult for people to change. Reich understood character as a system of defense and resistance to be named, analyzed, confronted and broken through. For Reich, what was once an *experience in living* is systematically transformed out of a survival or traumatic necessity into a somato-psychological *structure*, now deprived of its original fluidity and vitality and maintained as character defenses. In Reich's model and most neo-Reichian systems, character was seen as the enemy, deeply engrained patterns of resistance and psychopathology (Baker, 1967; Lowen, 1958; Johnson, 1985; Josephs, 1992). This was my early training. It was both invaluable *and* insufficient.

Winnicott's work, like Reich's, was deeply attentive to the bodily experience and movements of infants and children, fundamentally informed by his practice as a pediatrician. Winnicott offered the metaphor of mother/infant and analyst/patient relationships as psychosomatic partnerships. He described the therapeutic process as a *space* within which patients could play, imagine, attack, experiment, fall apart, explore. Winnicott (1965) suggested that the mother provided an adequate "facilitating environment" and psychosomatic partnership when she was able to recognize and respond to the "spontaneous gestures" of her baby:

> Periodically the infant's gesture gives expression to a spontaneous impulse; the source of the gesture is in the True Self, and the gesture indicates the existence of a potential True Self. We need to examine the way the mother meets the infantile omnipotence revealed in a gesture (or a

> sensori-motor grouping). I have here linked the idea of a True Self with the spontaneous gesture. Fusion of the motility and erotic elements is in the process of becoming a fact at this period of development of the individual. (p.145)

The somatic responsiveness and intelligence of these first interpersonal environments with primary caretakers supported the development of an active, embodied sense of a "true self." Environmental failure, i.e., unresponsiveness in Winnicott's thinking, promoted the evolution of a "false" and a disembodied sense of self.

It becomes possible to reconceptualize Reich's (1949) descriptions of resistance and armor as the infrastructure of the false self and as patterns of *interrupted* gestures between self and other. A crucial therapeutic function in body psychotherapy, therefore, is not so much the confrontation of armored resistances as conceptualized by Reich, but more as the re-establishment of an interactive, communicative gestural field between client and therapist (Cornell, 1997a, 2000). As characterized by Romanyshyn (1998), "Such a therapist is, in a paraphrase of Winnicott's fine phrase, a transitional presence who bridges the chasm between the gestural body that no longer finds its reciprocal in the world and a new body of understanding which, if grace allows, is made between patient and therapist"(p.53). The defensive aspects of character are certainly not ignored in contemporary models of body psychotherapy, but there is a deeper understanding of character as also providing an organizing and cohering force in the development of personality and relational patterns. There is an understanding that the quality of attention, the responsiveness, of the therapeutic relationship is one of the crucial contexts that

promotes the awareness, softening and transformation of character. Within this context, Marlock and Weiss (2001) argue:

> Working therapeutically with these relational conditions can help to support and motivate the natural and necessary gestures and movement towards the world and its objects. If these actions are successful, they strengthen the leadership position of the Self, its sense of affective subjectivity, agency and cohesion. …We want to assert here that the process or de-armouring and deconstruction needs to be supplemented by a more relational and systemic approach that could support the therapeutic accessing of Self-type capacities. (pp. 144-145)

Aalberse describes character as "an embodied narrative [that] can be seen not just as a story full of pregnant words and images, but also as a choreography of resourceful postures, gestures and interactions" (2001, p.105).

Character does not simply constrain a client's expression. A client's character shapes, in many unspoken ways, the interpersonal field between therapist and client. Any given client's "character" pushes the therapist around during the hour, shaping, telling, demonstrating a lived reality without a word being spoken (or, often, in contradiction to the words being spoken). The dance of character is a means of relating: informing and reforming. There is the potential for a vitalizing form of unconscious communication in the midst of the deadening intentions of character structure. Character acquires new meaning as a rich field of unconscious communication.

A Brief Note on Touch in Psychoanalysis and Psychotherapy

Direct, intentional physical contact between analyst/therapist and client as a standard part of the therapeutic

repertoire has become largely taboo, based on concerns for the heightened risks of gratification (for client or therapist), sexualization, or transgressive boundary violations. Exceptions to the taboo on touch have been made mostly by a few clinicians who saw justification for touch during periods of intense emotional distress or regression (Fromm-Reichmann, 1950; Searles, 1965; Balint, 1968; Pedder, 1986; Little, 1993).

Any systematic discussion or empirical evaluation of the therapeutic role of touch has been nearly nonexistent in the psychoanalytic literature. A few psychoanalytic authors (Burton and Heller, 1964; Forer, 1969; Mintz, 1969a, b; McLaughlin, 1995, 2000; Orbach, 2004) have argued for the potential therapeutic value of occasional, non-erotic touch between therapist and patient, but such intervention is a rare exception to an ongoing rule. A recent issue of *Psychoanalytic Inquiry*, "On Touch in the Psychoanalytic Situation" (Ruderman, Shane, & Shane, 2000), makes it abundantly clear that there has been no systematic theorization in the psychoanalytic literature of the potential functions of touch and/or bodily movement on the part of the analyst. It is rather difficult to think systematically about something that one is simply not supposed to do. Most authors in that issue of *Psychoanalytic Inquiry*, while not totally foreclosing the possibility of touching a patient, were at best cautious. Breckenridge (2000) was typical in his conclusion that "using clinical examples I have tried to demonstrate that thoughtful, socially appropriate touching is no more inherently problematic than any other type of relational interaction in psychoanalysis" (pp.19-20). For none of the contributing authors did touch become a standard part of their therapeutic repertoire as a means of informative interaction between therapist and client.

McLaughlin has been a rare voice in psychoanalysis suggesting a place for touch within the psychoanalytic frame, offering a multilayered discussion of the meanings and impacts of touch, in both literal and symbolic modes:

> …I much prefer to be available to respond to what I have found to be the turmoil around early relational struggles that, more often than sexual or seductive urgencies, drive such reachings-out for hand touch or holding. I find that this responsiveness facilitates, rather than hinders, the patient's analytic seeking. …the need, now satisfied, tends to subside as fuller verbal contact becomes possible between us. Where my responding has stirred some erotic feeling in my patient, it has remained analyzable. (1995, p.442)

In an earlier discussion of touch in psychotherapy, I have noted:

> Therapists within the humanistic tradition who advocate the use of touch in psychotherapy often frame these interventions primarily within the context of the therapist providing a corrective emotional experience of holding, nurturance, comfort or soothing (Williams, 1992; Durana, 1998). Within the body-centered tradition, however, the utilization of physical contact provides a broad range of functions beyond that of comfort. These include the focusing and deepening of self-awareness and emotional experience, experimentation with patterns of contact and withdrawal, facilitation of sensorimotor organization and activation, sensate stimulation, provision of somatic structuring, and characterological confrontation. (2002, p.597)

It is beyond the scope of this paper to undertake an exhaustive discussion of the utilization of touch in psychotherapy and psychoanalysis. The reader is referred to numerous clinical and ethical discussions of the use of touch in the contemporary psychotherapy literature, including Smith (1985), Kepner (1987), Goodman and Teicher (1988), Pope and Vasquez (1991), Kertay and Reverie (1993) Epstein (1994), Caldwell (1997), Cornell (1997a, 1997b, 2002), Fagan (1998), Durana (1998), Smith, Clance and Imes (1998), Ruderman (2000), and Galton (2006). All of these discussions emphasized the importance of the clarity of therapeutic intent and the heightened responsibility of the therapist to examine the historical, interpersonal and transferential implications of physical contact. If a therapist is not specifically trained in the use of physical contact and is not in ongoing supervision, the utilization of touch is of questionable clinical and ethical application. Most body-centered psychotherapists are systematically trained in the different forms and functions of touch within a therapeutic context. Interested readers can find a detailed outline of ethical standards for touch in psychotherapy at the website of the United States Association of Body Psychotherapy at www.usabp.org.

I do not mean that it is necessary to touch in order to work directly with the experience and vocabulary of the body, as can be seen in this brief vignette from a session with Adam. Adam's character, one of deep resignation and masochistic endurance, was formed early in childhood in the face of depressed parents whose depressions deepened following the death of their eldest son in the Vietnam war. Adam lived alone, selflessly devoted to his work, which filled virtually all of his waking hours, if he was not involved with his aging parents and troubled siblings. Adam comes into a recent session stating that

sometimes he is more able to feel the tension and pain in his life a little longer, not retreating so automatically into caretaking so as to avoid his own feelings. "What," he asks, "can I do to sustain the tension longer? Why does it keep disappearing? I can't hold on to it." I suggest he notice what he does in his body that allows him to experience the tension/pain. "I don't know what I do." I encourage him to take time, to shift his focus gradually, to remember the end of our previous session, how he felt, and what his body was doing to allow those feelings. "I don't know." I encourage him again to take his time, shift attention to his body, notice any words or images that might emerge, remember my words from the previous session & how they affected his body. Eventually he says, "The word 'searching' keeps coming to mind." "A searching body, perhaps?" I suggest. "YES!" "Searching in contrast to what?" I ask. "Numb, my usual numb body." I suggest a shift in his language, "Perhaps numbing, searching versus numbing, active verbs—your body is *doing* something in each state. Feel what your body *does*, what it wants to *do*." Gradually his sense of the activity within his body deepens and more words come:
"Searching…aching…it's a particular kind of pain…it's like pain with a future, pain for the future…longing…numbing is about the grief, I can't stand it, it's about the past, numbing is about the past, there's no future if I stay numb. I can't stand it. The future..oh god..and when I let that start to happen..now I'm thinking about sex, how afraid I am of my own desires." We might say that Adam's body is beginning to come to mind and establish a verbal dialogue first with himself and then with me, emerging out of our attention to his nonverbal experience. As described by Romanyshyn, "patient and therapist are embodied beings whose gestures implicate the other—all the while from within this field between them words erupt, language appears, stories are spoken" (1998,

p.53). The *verbal* dialogue between Adam and me emerged out of our focused attention to the fact that his body was actively *doing* something so as to ensure that he would *feel* nothing.

Elizabeth: Into the Field of Desire

Elizabeth wanted a sex life and came to me to work with her body. As I began to incorporate direct work with exploratory movement between her body and mine, my intention was not to replace mind with body or to evoke primitive states, but to introduce an additional form of "thinking" and learning, that of sensorimotor exploration and re-organization. As sexuality is so deeply rooted on our fundamental, unquestioned levels of affective and sensorimotor organization, I have found this style of intervention invaluable in working with chronic sexual difficulties.

As Elizabeth and I prepared to shift our way of working together to that of direct work with her body, I asked Elizabeth when her previous therapist referred her to me for body-centered therapy, what had her fantasies been about what would happen in this yet-to-be-known therapy. She said she didn't think about it much, as she was tired of being stuck, wanted something to change somehow, and trusted her therapist's judgment. When pressed a bit to identify some sort of fantasy or anticipatory idea, she said she had imagined that I would be like a coach, teaching her what to do, showing her what to do. The image of a coach was an instructive one, suggesting a variety of associations—father, mentor, instructor, director, trainer—someone to teach, encourage, inspire, push, pressure her. She explained that she was quite an accomplished athlete, so the notion of a coach to her body was a familiar (and positive) one. I inquired how she could be a skilled athlete on the one hand and have such a profound sense of her body not knowing what to do with itself at the same time. Elizabeth

saw no contradiction. Her athletic endeavors were those of pushing herself, challenging her body to overcome fatigue and fear. She played *individual* sports—running, climbing, tennis. The impasse in her treatment was about how to bring to body *to someone else*, what to do *with* someone else. Here she felt totally inept.

When I first started listening to Elizabeth, I found myself often imagining her as an adolescent. I kept these imaginings to myself, trying to learn something about Elizabeth from my internal images and fantasies. I began to realize that I was wishing her a new adolescence. I wanted her to have that wonderful/awful period of adolescent development, in which most of us are so fueled by the frenzy of awakening hormones and bodily changes that we manage blast through awkwardness and inhibition to figure out some way, some how, however unskilled and unmannered we may be, to get one's body and body parts to those of another. Grace and skill are not in the foreground for most adolescents, and I imagined myself as her coach in an emotional rather than athletic endeavor. It was becoming clear to me that while *my* mind (not Elizabeth's) were filled with images and urges of adolescence that the dilemmas of Elizabeth's body were rooted in much earlier phases of development. Elizabeth needed a chance to be awkward and de-skilled with her body in relation to another. I became that other.

Elizabeth's other image was that of my comforting her, holding her, hugging her, etc., but she was quite sure that wasn't what I would have in mind or that it would be particularly productive. She had experienced quite a lot of hugging in a previous therapy group and had not found it useful. I agreed that providing comfort was not the purpose of working at a body level. The work was meant to inform her body, not comfort it. I suggested Elizabeth begin by simply noticing during and between sessions whatever she could about her body in

relation to mine. I encouraged her to notice between sessions how she remembered her body in my office, how she remembered my body between sessions. It soon became clear that she did not remember her sessions visually and with any felt sensation. She did remember and think about content but felt like a talking head. She reported feeling afraid that she would prove too much for me," that I wouldn't know what to do with her either. This suggested to both of us that in some way she had a history of people not knowing what to do with her. She said she felt it would be "presumptuous" of her to expect something from someone else's body. The sense of a "presumptuous body" came to take on significant meaning as our body-level work evolved. Finally, after several weeks passed with no reports of body-level images or fantasies, Elizabeth said with great self-deprecation, "All I can imagine is like I'm going to be lying there on the floor next to you having no idea what to do, a lump." That, I suggested, was a place to start; this was her sense of our bodies in relation to each other. We moved from the chairs to the floor, so as to begin a different sort of therapeutic exploration.

As we lay side by side that first time, her experience was one that we visited and revisited time and again: "I don't know what to do. I don't know what my body wants. It doesn't have any impulses." As we worked with this apparent lack of impulse, it became clear that Elizabeth experienced her body through what it *didn't* want. She began to realize that there *were* clear signals from her body about what "it" didn't want. She could, however, discover no sense of what "it" *did* want. I pointed out that her not-wanting was, in fact, an impulse in relation to my body. When she was free to explore this not-wanting, her body began to feel more alive in the room. Her body was becoming

more connected to itself, more able to inform itself. In session we rarely touched. In her day to day life she began to notice how much she defined her experience thought not wanting rather than wanting ("I knew I didn't want to go to that restaurant/that movie, but I could never say what I did want. Somebody else always ended up making that choice.").

Gradually she asked me if I would make suggestions as to what her body could do with mine, so that she could find out if she could tell what she liked. The experiments were many: our arms lightly touching as we lay on our backs, lifting her head onto my shoulder, rolling onto my chest, sitting back to back pressing in and pulling away, pressing her head and shoulders into my back, spooning, wrapping our legs around each other playfully, aggressively, tenderly. She began to differentiate what she wanted and what she didn't. She began to notice that some of our experiments seemed to stay in her body between sessions, and—most importantly—she began to have fantasies of her own about what she wanted her body to do with mine. She began to initiate the movement experiments between us, though often surprised at the results. We didn't do something to achieve a certain outcome, we did something to find out what would happen, how it felt and what it might mean. Typically, sessions began with some form of body to body interaction, often no more than five or ten minutes. The remainder of the session would be devoted to the verbal exploration and association of meanings to what we had experienced—sometimes evoking aspects of family history, sometimes of her feelings about her body, other times about our relationship or her relationships with others. As Elizabeth and I lay on my office floor, she began to use—and more importantly *be unable to use*—her body in relation to mine. This began to open for Elizabeth a lived history, a *domain of experience*, that she had not

been able to access through conscious memory, thought and language in her earlier treatment. She was able to begin experiencing and experimenting with her very literal experience of not knowing what to do with her body, the seeming impossibility of getting her body to the body of another. Elizabeth and I spend much of our time together in the space of the yet-to-be-known. Elizabeth is able to get to know her body in the presence of mine. I do not nurture her or soothe and comfort her. I pay attention. I wait attentively. Aalberese (2001) characterizes the process is in this way:

> By concentrating on what is not yet clear, we find out that in that first and rather hazy feeling, a surprising intelligence is waiting to reveal itself. (p.107)

In this regard, somatic exploration has a great deal in common with analytic listening. I wait and tentatively respond to the precarious emergence of impulses, using my body to help give them force and form, my language to help give them meaning.

The Erotics of Psychotherapy

Often the sessions had an unmistakable erotic tension to them, experienced in the pleasure of discovery and mutual exploration, the moments of tenderness and excitement. Her body started to become a source of information for her mind not only in relation to me but, gradually, to others as well. She began to notice what it was in her body that let her know when she was attracted to someone and when someone was drawn to her. Through this somatic experimentation and interplay, Elizabeth and I consciously entered the realm of the erotic. Such direct work within the erotic realm, inevitably, evokes mutually transferential states, but it allows a continually shifting back and forth between conscious and unconscious patterns. Mann (1997) defines

psychotherapy as an erotic relationship, in which the force of the erotic is a primary means for growth and change:

> …it is my proposition that the emergence of the erotic transference signifies the patient's deepest wish for growth. …Through the erotic, light is shone on the deepest recesses of the psyche. …The development of the erotic transference is a major transitional stage in which the repetitive and transformational desire of the patient's unconscious meet at a passionate junction. The heart of the unconscious is visible in all its 'elemental passion', and in so opening allows for the prospect of transformation and psychic growth. (pp.9-10)

Davies (1998) and Dimen (1999) have each forcefully articulated a return of primary attention to the erotics of psychoanalysis and psychotherapy. Davies (1998) argues that "psychoanalysts have contorted themselves, their patients, and their understanding of the psychoanalytic process in an attempt to minimize, disavow, project and pathologize the sexual feelings that emerge between the analytic couple in the course of their emotionally powerful and most intimate encounter with each other" (p.747), suggesting that the contemporary anxieties concerning sexual acting out between therapist and client has been fostered by the lack of any intelligently articulated theory of the "nature of normal adult sexuality and its manifestations in clinical practice" (p.751). She argues that a sexual (what I would call erotic) aliveness is inherent and healthy in the later stages of an in-depth therapy, that these feelings of erotic aliveness and attraction are not to be avoided, lived in silence, or eliminated through clinical consultation, but are to be welcomed into the therapeutic dyad and examined by both participants.

I am not advocating for the therapist's direct disclosure of sexual or erotic feelings to the client. I have found consistently (I think without exception) that direct disclosure of my personal feelings of sexual interest or disinterest has trivialized the erotic space, foreclosing (at least temporarily) more complex and ambiguous territories of exploration. The erotic field is not fixed but is in constant flux—it is rarely so simple as "Yes, I am attracted to you" or "No, I am not." I am arguing for the therapist's making use of the erotic countertransference to recognize and understand what is becoming psychically and emotionally possible for the client within the therapeutic relationship.

Erotic feelings and hopes arising within the transference are too easily attributed to the therapist ("You make me feel this way." "I've never been able to feel this toward anyone before."). The emergence of desire needs to be returned to the client. As we see in the work between Elizabeth and me, what Elizabeth experienced most keenly and tellingly with me were *the inhibitions to desire*. As she began to establish a more vital and informed relationship to her body, she gradually began to experience her body as a site of desire. Our relationship and somatic experimentations afforded an opportunity for the exploration of desire, but I was not the object of her desires. When the therapist or analyst is cast (by either participant) as the object or the source of the patient's desire, the authorship of desire remains disowned.

Within this context, it is essential to clarify the difference between *erotic* transference and an *eroticized* transference (Gorkin, 1984; Bolognini, 1994; Mann, 1997; Bonasia, 2001). To speak of an eroticized transference is to speak of the defensive use of sexuality and the erotic. In an eroticized transference, the feelings

do not emerge within the developing and deepening relationship, they are imposed upon it. The eroticized transference is typically an idealized transference which forecloses deepening and seeks to defensively ward off conflict and loss. There is typically an overt or covert demand for the therapist to validate and reciprocate these feelings. The eroticized transference is one-sided, from the client to the therapist, and while a therapist may become enmeshed in this kind of transferential conundrum, this is not a transference that evokes delight and affection in the therapist. An eroticized countertransference is equally one-sided, now serving the narcissistic needs of the therapist and imposed upon the client.

The elements of an erotic countertransference may include the therapist's deadness, disinterest or disgust as well as attraction, tenderness or arousal. All of these reactions are signals that something is becoming possible within the client's erotic, somatic, and psychic life. In my clinical experience, it is rarely helpful for the therapist to simply disclose such feelings to the client. The therapist needs to sit with these feelings, metabolize them, discover their meaning, so as to offer the client a kind of translation service for erotic vitality. The therapist's simply disclosing (not to mention acting out) erotic feelings likely forecloses exploration and understanding, derails the client's opportunity to take ownership of emergent desires. Bonasia states succinctly that "the analyst must 'sink into' the erotic fantasy without 'drowning' in it" (2001, p.260), also, I would add, without drowning the client in it either. For the erotic to remain open and alive, it is essential that the client not be an object of the therapist's ongoing desire and attraction, but of ongoing attention, curiosity and affection in the midst of the pleasures and passions of the therapeutic process. The erotic matrix

is by no means all sweetness and light. The light of the erotic to which Mann refers as being shone into the deepest recesses of the psyche must often penetrate dark shadows and conflicted spaces within both client and therapist. Client and therapist are both likely to experience emotional and bodily turbulence, uncertainty and conflict.

There came a point when Elizabeth felt especially despairing about the progress of her therapy, wondering if this was probably as far as she could go, that for reasons she might never understand her life was going to remain limited. "It's not such a *bad* life after all," she argued. I responded that, indeed, hers was not a bad life, but it was a lonely life. I continued (without giving much thought to what I was about to say), "I think you deserve more, and I'm rather determined to see that you get it. I can be quite stubborn with people I'm fond of." Elizabeth was stunned. "You're *fond* of me?" "I certainly am. I look forward to seeing you. I enjoy our work together," I replied, "Isn't that obvious?" It wasn't obvious to Elizabeth. In fact, the possibility had never occurred to her that I might feel affection for her or pleasure in working with her. It had simply been a given for her that I was doing my job, that I felt responsible to her. She knew and felt that I took our work seriously. It did not occur to her that there was pleasure for me in seeing her. Suddenly a window into her early childhood began to illuminate. She realized that her parents had always been responsible parents, seriously committed to their children, but she never felt herself to be a source of pleasure in their lives. She realized that she never expected to be a source of pleasure or affection to her parents or anyone else.

Something began to shift for Elizabeth. As we had been working together, she had often expressed the worry of "being too much"

for me. She could never really articulate what this phrase meant, but it seemed ever present. I would often suggest that she seemed ashamed of her body and any potential desire. She would insist that she did not feel shame, "that's not part of my repertoire," but she did worry that *I* would find her disgusting. Once we had stumbled into the reality of my pleasure in being with her, she was faced with her continuing fantasy that I found her disgusting, quite the opposite of what I actually felt. In the midst of this unexpected discovery, Elizabeth told me that she'd often had the fantasy of sitting on my lap, and with considerable hesitation, asked if she might try it. I agreed. I sat in the corner of the couch, and Elizabeth placed herself on my lap. I felt caring and tenderly toward her. To my shock, she became extremely upset, bolted from my lap, and declared herself far to heavy (she was not), crying that she'd had asked far too much of me. She declared that she had a "presumptuous body," and collapsed into shame. I struggled not to reassure her but to allow her experience to unfold.

Gradually she began to realize that the disgust belonged to her mother, that in many subtle ways her mother had always seemed ill at ease with Elizabeth and that Elizabeth had come to feel that she was disgusting. She had to keep herself subtly away from her mother so as to preserve a certain ease for her mother. Elizabeth's body knew well how to move subtly away; it did not know how to move close. She/we began to understand her body's relation to her mother's body. Elizabeth's body felt presumptuous, "too much," within the maternal field. It was fundamental to her experience of her body that "it did not, does not, evoke pleasure or desire in another (mother). "There was nothing to do," she realized, "No wonder I have this constant sense that I don't know what to do with my body."

Elizabeth began to see the signs of her mother's discomfort in their present day relationship. She began to recognize her anger toward her mother, and with the recognition of her anger, Elizabeth began to develop a capacity for more aggression with her friends, for more conflict with me. She was able to see her mother (rather than herself) as physically and emotionally limited. She saw that she did not need her mother to change. *She* needed to change fundamentally in her ways of bringing herself, her body and her desires to others.

In Conclusion: A Space for Desire

That grand and resplendent jazz musician, Sun Ra, was famous for his phrase "Space is the Place," which he transformed into sound, song, chant and dance in a multitude of variations through his amazing career. With the increasing attention to the realms of what has come to called procedural or implicit relational knowing, I think it is essential that the field of activity in psychoanalytic treatment open up to the field of actual movement between analyst and patient. It is my understanding of the central function of direct work with body experience and activity in psychotherapy and psychoanalysis is that of providing *space*, a space within which to move and acquire new emotional and sensori-motor skills. That space is the place, an intrapsychic and interpersonal space for experimentation and exploration. That space is a place to try again, in the presence of a skilled and attentive therapist, to challenge one's psychosomatic vulnerabilities and rigidities, to revive and complete one's patterns of interrupted gestures, to discover new possibilities for delight and desire.

References

Aalberse, M. (2001). Graceful means: Felt gestures and choreographic therapy. In: Heller, M. (ed.) *The Flesh of the Soul: The Body We Work With* (pp. 101-132). Bern: Peter Lang AG.

Anderson, F.S. (1998). Psychic elaboration of musculoskeletal back pain: Ellen's story. In Aron, L. & Anderson, F.S. (Eds.), *Relational Perspectives on the Body*.

Aron, L. (1998). The clinical body and the reflexive mind. In Aron, L. & Anderson, F.S. (Eds.), *Relational Perspectives on the Body*. Hillsdale, NJ: The Analytic Press.

Aron, L. & Anderson, F.S. (Eds.) (1993). *The Legacy of Sandor Ferenczi*. Hillsdale, NJ: The Analytic Press.

Aron, L. & Anderson, F.S. (Eds.) (1998). *Relational Perspectives on the Body*. Hillsdale, NJ: The Analytic Press.

Baker, E. (1967). *Man in the Trap*. New York: Collier Books.

Balamuth, R. (1998). Re-membering the body: A psychoanalytic study of presence and absence of the lived body. In Aron, L. & Anderson, F.S. (Eds.), *Relational Perspectives on the Body.* Hillsdale, NJ: The Analytic Press.

Balint, M. (1968). *The Basic Fault: Therapeutic Aspects of Regression*. New York: Brunner/Mazel.

Beebe, B., Knoblauch, S., Rustin, J. & Sorter, D. Symposium on intersubjectivity in infant research and its implications for adult treatment, Part I. *Psychoanalytic Dialogues*, 13(6): 743-841.

Boadella, D. (1973). *Wilhelm Reich: The Evolution of His Work*. London: Vision Press.

Bollas, C. (1987). *The Shadow of the Object: Psychoanalysis of Unknown Thought*. New York: Columbia University Press.

Bollas, C. (1989). *The Forces of Destiny: Psychoanalysis and the Human Idiom.* London: Free Association Books,

Bollas, C. (2000). *Hysteria*. London: Routledge.

Bolognini, S. (1994). Transference: Erotised, erotic, loving, affectionate. *The International Journal of Psycho-Analysis,* 75: 73-86.

Bonasia, E. (2001). The Countertransference: Erotic, eroticised and perverse. *The International Journal of Psycho-Analysis,* 82: 249-262.

Breckenridge, K. (2000). Physical touch in psychoanalysis: A closet phenomenon?. *Psychoanalytic Inquiry*, 20 (1), 2-20.

Bucci, W. (1997). *Psychoanalysis and Cognitive Science*. New York: Guilford press.

Burton, A. & Heller, L.G. (1964). The touching of the body. *Psychoanalytic Review*., 51, 122-134.

Caldwell, C. (1997). *Getting in Touch: The Guide to New Body-centered Therapies*. Wheaton, IL: Quest Books.

Cornell, W. (1997a). If Reich had met Winnicott: Body and gesture. *Energy & Character*, 28(2): 50-60.

Cornell, W.F. (1997b). Touch and boundaries in transactional analysis: Ethical and transferential considerations. *Transactional Analysis Journal*, 27 (1), 30-37.

Cornell, W. (2000). Transference, desire, and vulnerability in body-centered psychotherapy. *Energy & Character*. 30(1): 29-37.

Cornell, W. (2002). Body-centered psychotherapy. In: Massey, R. & Massey S. (Eds.) *Comprehensive Handbook of Psychotherapy, Volume 3: Interpersonal/Humanistic/Existential*.(pp.587-613). New York: John Wiley & Sons.

Corrington, R. (2003). *Wilhelm Reich: Psychoanalyst and Radical Naturalist*. New York: Farrar, Straus and Giroux.

Davies, J.M. (1998). Between the disclosure and foreclosure of erotic transference-countertransference: Can psychoanalysis find a place for adult sexuality? *Psychoanalytic Dialogues*, 8(6): 747-767.

Dimen, M. (1998). Polyglot Bodies: Thinking through the relational. In Aron, L. & Anderson, F.S. (Eds.), *Relational Perspectives on the Body*. Hillsdale, N.J.: The Analytic Press.

Dimen, M. (1999). Between *lust* and libido: Sex, psychoanalysis, and the moment before. *Psychoanalytic Dialogues*, 9: 415-440.

Dimen, M. (2003). *Sexuality, Intimacy, Power*. Hillsdale, NJ: The Analytic Press.

Downing, G. (1996). *Korper und Wort in der Psychotherapie.* Munich: Kosel Verlag.

Durana, C. (1998). The use of touch in psychotherapy: Ethical and clinical guidelines. *Psychotherapy.*, 35(2): 269-280.

Eigen, M. (1996). *Psychic Deadness.* Northvale, N.J.: Jason Aronson Inc.

Epstein, R.S. (1994). *Keeping Boundaries*. Washington, D.C.: American Psychiatric Press.

Fagan, J. (1998). Thoughts on using touch in psychotherapy. In Smith, E.W.L., Clance, P.R., & Imes, S, Eds. *Touch in psychotherapy: Theory, Research, and Practice*, pp. 145-152. New York: Guilford.

Fischer, K.W. & Hogan, A.E. (1989). The big picture for infant development: Levels and variations. In *Action in Social Context: Perspectives on Early Development*, Lockman, J.J. & Hazen, N.L. (Eds.), pp. 275-305. New York: Plenum Press.

Forer, B.R. (1969). The taboo against touching in psychotherapy. *Psychotherapy: Theory, Research and Practice.*, 6(4): 229-240.

Fromm-Reichmann, F. (1950). *Principles of Intensive Psychotherapy*. Chicago: University of Chicago Press.

Galton, G. (Ed.) (2006). *Touch Papers: Dialogues on Touch in the Psychoanalytic Space*. London: Karnac.

Goodman, M. & Teicher, A. (1988). To touch or not to touch. *Psychotherapy*, 25 (4): 492-500.

Gorkin, M. (1985). Varieties of sexualized countertransference. *Psychoanalytic Review*, 72(3): 421-440.

Green, A. (1996). Has sexuality anything to do with psychoanalysis? *International Journal Psycho-Analysis,* 76: 871-883.

Green, A. (1997). Opening remarks to a discussion of sexuality in contemporary psychoanalysis. *International Journal Psycho-Analysis*, 77: 345-350.

Green, A. (2000). *Chains of Eros: The Sexual in Psychoanalysis.* London: Rebus Press.

Harris, A. (1998). Psychic envelopes and sonorous baths: Sitting the body in relational theory and clinical practice. In Aron, L. & Anderson, S.F. (Eds.), *Relational Perspectives on the Body.* Hillsdale, NJ: The Analytic Press.

Impert, L. (1999). The body held hostage: The paradox of self-sufficiency. *Contemporary Psychoanalysis*, 35(4), 647-671.

Johnson, S. (1985). *Characterological transformation: The Hard Work Miracle*. New York: W.W. Norton & Co.

Josephs, L. (1992). *Character Structure and the Organization of the Self*. New York: Columbia University Press.

Kepner, J.I. (1987). *Body Process*. New York: Gestalt Institute of Cleveland Press.

Kertay, L. & Reviere, S.L. (1993). The use of touch in psychotherapy: Theoretical and ethical concerns. *Psychotherapy*. 30: 33-40.

Knoblauch, S. (1996). The play and interplay of passionate experience. *Gender & Psychoanalysis*, !: 323-344.

Knoblauch, S. (1997). Beyond the word in psychoanalysis: The unspoken dialogue. *Psychoanalytic Dialogues*, 7(4): 491-516.

Knoblauch, S. (2000). *The Musical edge of Therapeutic Dialogue*. Hillsdale, NJ: The Analytic Press.

LaBarre, F. (2001). *On Moving and Being Moved: Nonverbal Behavior in Clinical Practice.* Northvale, NJ: The Analytic Press.

Little, M. (1993). *Transference neurosis and transference psychosis*. Northvale, NJ: Jason Aronson.

Lowen, A. (1958). *Physical Dynamics of Character Structure: Bodily Form and Movement in Analytic Therapy*. New York: Grune & Stratton.

Lyons-Ruth, K. (1998). Implicit relational knowing: Its role in development and psychoanalytic treatment. *Infant Mental Health Journal*. 19: 282-289.

Lyons-Ruth, K. (1999). The two person unconscious: intersubjective dialogue, enactive relational representation and the emergence of new forms of relational organization. *Psychoanalytic Inquiry*. 19:576-617.

Mann, D. (1997). *Psychotherapy: An Erotic Relationship.* London: Routledge.

Marlock, G, & Weiss, H. (2001). In search of the embodied self. In: Heller, M. (Ed.) *The Flesh of the Soul: The Body We Work With* (pp. 133-152). Bern: Peter Lang AG.

Maroda, K. (1991). *The Power of Countertransference.* Chichester, UK: Wiley.

Maroda, K. (1999). *Seduction, Surrender, and Transformation.* Hillsdale, NJ: The Analytic Press.

McDougall, J. (1991). Perversions and deviations in the psychoanalytic attitude: Their effect on theory and practice. In Fogel, G. & Myers, W. (Eds.), *Perversions and Near-Perversions in Clinical Practice.* New Haven: Yale University Press.

McDougall, J. (1995). The Many Faces of Eros: A Psychoanalytic Exploration of Human Sexuality. New York: W.W. Norton & Company.

McLaughlin, J. (1992). Nonverbal behaviors in the analytic situation: The search for meaning in nonverbal cues. In: Kramer, S. & Akhtar, S.

(Eds.) *The Body Speaks: Psychological Meanings in Kinetic Clues*. Northvale, NJ: Jason Aronson, Inc.

McLaughlin, J. (1995). Touching limits in the analytic dyad. *Psychoanalytic Quarterly*, 64: 433-465.

McLaughlin, J.T. (2000). The problem and place of physical contact in analytic work: Some reflections on handholding in the analytic situation. *Psychoanalytic Inquiry*., 20 (1): 65-81.

McLaughlin, J.T. (2005). *The Healer's Bent: Solitude and Dialogue in the Clinical Encounter*, W.F. Cornell (Ed.). Hillsdale, NJ: The Analytic Press.

Mintz, E.E. (1969a). On the rationale of touch in psychotherapy. *Psychotherapy, Research and Practice*. 6 (4), 232-234.

Mintz, E.E. (1969b). Touch and the psychoanalytic tradition. *Psychoanalytic Review*. 56, 365-376.

Ogden, T. (1994). *Subjects of Analysis.* Northvale, NJ: Aronson.

Ogden. T. (1995). Analyzing forms of aliveness and deadness of the transference-countertransference. *International Journal Psycho-Analysis.* 76:695-709.

Orbach, S. (2004). The John Bowlby Memorial Lecture, The body in clinical practice, part two: When touch comes to therapy. In K. White (Ed.), *Touch Attachment and the Body*. London: Karnac.

Pedder, J.R. (1976). Attachment and new beginning: Some links between the work of Michael Balint and John Bowlby. *International Review of Psycho-Analysis*., 3: 491-497

Pope, K. & Vasquez, M. (1991). *Ethics in psychotherapy and counseling*. San Francisco: Jossey-Bass Publishers.

Rachman, A.M. (1997). *Sandor ferenczi: The Psychotherapist of Tenderness and Passion*. Northvale, NJ: Jason Aronson, Inc.

Raditsa, L. (1978). *Some Sense about Wilhelm Reich*. New York: Philosophical Library.

Reich, W. (1949). *Character Analysis.* New York: Orgone Institute Press.

Reich, W. (1961). *The Function of the Orgasm*. New York: Farrar, Straus & Giroux.

Romanyshyn, R. (1998). Psychotherapy as grief work. In: Johnson, D. & Grand, I, (Eds.) *The Body in Psychotherapy: Inquiries in Somatic Psychology*. Berkeley, CA: North Atlantic Books.

Ruderman, E.G., Shane, E., & Shane, M., eds. (2000). On touch in the psychoanalytic situation. *Psychoanalytic Inquiry*., 20 (1), 1.

Ruderman, E.G. (2000). Intimate communications: The values and boundaries of touch in the psychoanalytic setting. *Psychoanalytic Inquiry*., 20 (1): 108-123.

Rycroft, C. (1972). *Wilhelm Reich*. New York: The Viking Press.

Searles, H. (1965). *Collected Papers on Schizophrenia*. New York: International Universities Press.

Sharaf, M. (1983). *Fury on Earth: A Biography of Wilhelm Reich*. New York: St. Martin's Press/Marek.

Smith, E. (1985). *The Body in Psychotherapy.* Jefferson, NC: McFarland & Co.

Smith, E.W.L., Clance, P.R., & Imes, S. (1998). *Touch in psychotherapy: Theory, Research, and Practice*. New York: Guilford Press./

Stein, R. (1998). The Poignant, the excessive and the enigmatic in sexuality. *International Journal Psycho-Analysis,* 79: 253-268.

Thelan, E. & Fogel, A. (1989). Toward an action-based theory of infant development. In Lockman, J.J. & Hazen, N.L. (Eds.), *Action in Social*

Context: Perspectives on Early Development, pp.23-63. New York: Plenum Press.

Thelan, E. & Smith, L.B. (1998). *A Dynamic Systems Approach to the Development of Cognition and Action*. Cambridge, MA: The MIT Press.

Tronick, E. (1998). Dyadically expended states of consciousness and the process of therapeutic change. *Infant Mental Health Journal*. 19: 290-299.

Williams, S. (1992). Withholding therapeutic touch. *Voices: The Art and Science of Psychotherapy*. 28 (3): 58-61.

Winnicott, D, (1965). *The Maturational Processes and the Facilitating Environment*. Madison, CT: International Universities Press.